

Work Order ID 149646

Tuesday, July 26, 2016 10:21:15 AM

**U/R**

\*149646\*

For Bell Only  
Aug 3rd.

Page 1

Item ID: D412-705-015

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID: URF 16-530

Stop \*NS2\*

Item Name: Drive Shaft Tunnel Modification

Start Date: 7/26/2016 Start Qty: 1.00

\*\* 2 SA  
\*\* 2 SA

Cust Item ID:

Required Date: 8/2/2016 Req'd Qty: 1.00

Customer:

Reference:

Approvals: Process Plan: SW Date: 7/26/16 Tooling: Date:

Run Start \*NR1\*

QC: Date: SPC (Y/N): Date:

Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description                              | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|-------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr                                          |                      |         |        |              |               |               |                  |                |
| IIN-D412-750                   | E U/R OK P 16/7/27                                    |                      |         |        |              |               |               |                  |                |
| 100                            | Document Control                                      | 0.00                 |         |        |              |               |               |                  |                |
| *100*                          | DOCUMENT CONTROL                                      |                      |         |        |              |               |               |                  |                |
| DC                             | Memo                                                  | 0.00                 |         |        |              |               |               |                  |                |
| Doc.Control -USB or Paperwork  | Photocopy bluefile & type labels per PPP D412-705-015 |                      |         |        |              |               |               |                  |                |
|                                |                                                       |                      |         |        |              |               |               |                  |                |
| 110                            | Pick Kit                                              | 0.00                 |         |        |              |               |               |                  |                |
| *110*                          |                                                       |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                  | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                       |                      |         |        |              |               |               |                  |                |
| 120                            | QC4- 100% Inspect kits for completeness               | 0.00                 |         |        |              |               |               |                  |                |
| *120*                          |                                                       |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                  | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                       |                      |         |        |              |               |               |                  |                |

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JUL 28 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                               | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                             |                                 |                                   |                                              |                                       | Skid-tube <input type="checkbox"/>     | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/>    | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/>       | Prod. Eng. Coord. <input type="checkbox"/>  | Quality <input type="checkbox"/>          | Thermoforming <input type="checkbox"/>    | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>               | Large Fab <input type="checkbox"/>  | Composite <input type="checkbox"/>           | Supplier <input type="checkbox"/>         |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Small Fab <input type="checkbox"/>                         | Prod. 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Coord. <input type="checkbox"/>                                                                                                                                         | Quality <input type="checkbox"/>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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border: none;"> <tr> <td style="border: none;">Pressure/Forced <input type="checkbox"/></td> <td style="border: none;">Temperature/Cure <input type="checkbox"/></td> <td style="border: none;">Power Loss/Surge <input type="checkbox"/></td> <td style="border: none;">Positioned Wrong <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Bending <input type="checkbox"/></td> <td style="border: none;">Set-up <input type="checkbox"/></td> <td style="border: none;">Folio/Program <input type="checkbox"/></td> <td style="border: none;">Outside Dimensions <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Centre Not Concentric <input type="checkbox"/></td> <td style="border: none;">BOM/Route <input type="checkbox"/></td> <td style="border: none;">Grain <input type="checkbox"/></td> <td style="border: none;">Over/Under tolerance <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Cracks <input type="checkbox"/></td> <td style="border: none;">Broken/Damage/Defect <input type="checkbox"/></td> <td style="border: none;">Weld <input type="checkbox"/></td> <td style="border: none;">Part Incorrect <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Crimp/Kink/Ripple/Wave <input type="checkbox"/></td> <td style="border: none;">Inspection Incomplete/Unqualified <input type="checkbox"/></td> <td style="border: none;">Wrong Stock Pulled <input type="checkbox"/></td> <td style="border: none;">Part Lost/Missing <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Cuffs <input type="checkbox"/></td> <td style="border: none;">Contamination <input type="checkbox"/></td> <td style="border: none;">Out of Sequence <input type="checkbox"/></td> <td style="border: none;">Part Moved <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Crushing <input type="checkbox"/></td> <td style="border: none;">Countersink <input type="checkbox"/></td> <td style="border: none;">Off-set <input type="checkbox"/></td> <td style="border: none;">Drawing <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Heat Treat <input type="checkbox"/></td> <td style="border: none;">Cut Too Short <input type="checkbox"/></td> <td style="border: none;">Mislabeled <input type="checkbox"/></td> <td style="border: none;">Finish <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Wave/Twist in Tube <input type="checkbox"/></td> <td style="border: none;">Instructions Incomplete/Unclear <input type="checkbox"/></td> <td style="border: none;">Fit/Function <input type="checkbox"/></td> <td style="border: none;">Misread <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Marks/Chatter <input type="checkbox"/></td> <td style="border: none;">Drill Holes <input type="checkbox"/></td> <td style="border: none;">Misaligned/off center <input type="checkbox"/></td> <td style="border: none;">Turning Sequence <input type="checkbox"/></td> </tr> </table> |  |  |  |  |  | Pressure/Forced <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | Bending <input type="checkbox"/> | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> |
| Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Pressure/Forced <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                                                       | Positioned Wrong <input type="checkbox"/>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Bending <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                                                                       | Outside Dimensions <input type="checkbox"/>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Centre Not Concentric <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                                                                       | Over/Under tolerance <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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                                                                                       | Part Lost/Missing <input type="checkbox"/>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                                                                       | Part Moved <input type="checkbox"/>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                                                       | Drawing <input type="checkbox"/>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                       | Finish <input type="checkbox"/>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                                                                       | Misread <input type="checkbox"/>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                                       | Turning Sequence <input type="checkbox"/>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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**Work Order ID 149646****\*149646\***

Page 2

Tuesday, July 26, 2016 10:21:15 AM

Item ID: D412-705-015 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: URF 16-530 Stop **\*NS2\***  
Item Name: Drive Shaft Tunnel Modification  
Start Date: 7/26/2016 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 8/2/2016 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                                                   | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 130                            | Packaging                                                                                                                  | 0.00                 |         |        |              |               |               |                  |                |
| <b>*130*</b>                   |                                                                                                                            |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                                                                                       | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      | Identify and pack for shipping as per PPP D412-705-015<br>Location : FG027<br><i>Mark Bell Only on box going to stock.</i> |                      |         |        |              |               |               |                  |                |
| 140                            | QC21- Final Inspection - Work Order Release                                                                                | 0.00                 |         |        |              |               |               |                  |                |
| <b>*140*</b>                   |                                                                                                                            |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                                                                                       | 0.02                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                                                                                            |                      |         |        |              |               |               |                  |                |

*2x DAS 28 27 9-29 9-29*  
*JUL 28 2016*  
*16/8/3*  
*dm 16/07/28*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                     |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |

# Picklist Print

Page 1

Tuesday, July 26, 2016 10:21:14 AM

Work Order ID: 149646

\*149646\*

Parent Item: D412-705-015

\*D412-705-015\*

Parent Item Name: Drive Shaft Tunnel Modification

Start Date: 7/26/2016

Required Date: 8/2/2016

Start Qty: 1.00

Required Qty: 1.00

## Comments:

IPP Rev:B Removed Manufacturing 06-10-03 JLM  
 IPP Rev:C ECN 1052 07-11-05 DD verified by:EC  
 ECN 12-670 12.11.07 DD Verified by:JLM

IPP Rev:D

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status            |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|-------------------|
| AN3C3A                          |                        | Purchased     |             | No                  |                  | 110             | Each               | 356.0000       | 22          | 2244         |               |                | DAS<br>28<br>9-89 |
| <b>*AN3C3A*</b>                 |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   |              |               |                |                   |

Bolt

DAS  
27  
9-89

### Location

### Loc Qty

### Loc Code

GA 66  
 m134055 66  
 OVER002 125  
 m135127 125  
 ST350 165  
 m135058 100  
m134676 65

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
2244

JUL 28 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                   |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | Completed By                                                                                                      |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | Lead hand / Supervisor<br>Approval Verification                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | QC / QA Coordinator<br>Approval                                                                                   |  |  |

| Root Cause         |                          |                       |                          | FAULT CATEGORY         |                          |                                   |                          |                       |                          |                      |                          |
|--------------------|--------------------------|-----------------------|--------------------------|------------------------|--------------------------|-----------------------------------|--------------------------|-----------------------|--------------------------|----------------------|--------------------------|
| Environment        | <input type="checkbox"/> | No Re-verification    | <input type="checkbox"/> | Pressure/Forced        | <input type="checkbox"/> | Temperature/Cure                  | <input type="checkbox"/> | Power Loss/Surge      | <input type="checkbox"/> | Positioned Wrong     | <input type="checkbox"/> |
| Design             | <input type="checkbox"/> | Operator              | <input type="checkbox"/> | Bending                | <input type="checkbox"/> | Set-up                            | <input type="checkbox"/> | Folio/Program         | <input type="checkbox"/> | Outside Dimensions   | <input type="checkbox"/> |
| Doc/Data           | <input type="checkbox"/> | Offset/Setup          | <input type="checkbox"/> | Centre Not Concentric  | <input type="checkbox"/> | BOM/Route                         | <input type="checkbox"/> | Grain                 | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> |
| Equip/Tooling      | <input type="checkbox"/> | Supplier              | <input type="checkbox"/> | Cracks                 | <input type="checkbox"/> | Broken/Damage/Defect              | <input type="checkbox"/> | Weld                  | <input type="checkbox"/> | Part Incorrect       | <input type="checkbox"/> |
| Handling/Pre       | <input type="checkbox"/> | Training              | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> | Wrong Stock Pulled    | <input type="checkbox"/> | Part Lost/Missing    | <input type="checkbox"/> |
| Material           | <input type="checkbox"/> | Use for Testing       | <input type="checkbox"/> | Cuffs                  | <input type="checkbox"/> | Contamination                     | <input type="checkbox"/> | Out of Sequence       | <input type="checkbox"/> | Part Moved           | <input type="checkbox"/> |
| Internal Transport | <input type="checkbox"/> | Poor Information      | <input type="checkbox"/> | Crushing               | <input type="checkbox"/> | Countersink                       | <input type="checkbox"/> | Off-set               | <input type="checkbox"/> | Drawing              | <input type="checkbox"/> |
| Tribal Knowledge   | <input type="checkbox"/> | Rushing               | <input type="checkbox"/> | Heat Treat             | <input type="checkbox"/> | Cut Too Short                     | <input type="checkbox"/> | Mislabeled            | <input type="checkbox"/> | Finish               | <input type="checkbox"/> |
| LOA                | <input type="checkbox"/> | Product Improvement   | <input type="checkbox"/> | Wave/Twist in Tube     | <input type="checkbox"/> | Instructions Incomplete/Unclear   | <input type="checkbox"/> | Fit/Function          | <input type="checkbox"/> | Misread              | <input type="checkbox"/> |
| Substation         | <input type="checkbox"/> | Process Improvement   | <input type="checkbox"/> | Marks/Chatter          | <input type="checkbox"/> | Drill Holes                       | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Turning Sequence     | <input type="checkbox"/> |
| Past Expiry Date   | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | <b>OTHER :</b> _____   |                          |                                   |                          |                       |                          |                      |                          |
| Misidentified      | <input type="checkbox"/> | Past Due              | <input type="checkbox"/> |                        |                          |                                   |                          |                       |                          |                      |                          |

# Picklist Print

Page 2

Tuesday, July 26, 2016 10:21:15 AM

Work Order ID: 149646

**\*149646\***

Parent Item: D412-705-015

**\*D412-705-015\***

Parent Item Name: Drive Shaft Tunnel Modification

Start Date: 7/26/2016

Required Date: 8/2/2016

Start Qty: 1.00

Required Qty: 1.00

AN3C4A

Purchased

No

110

Each

1,982.000

3

3

**\*AN3C4A\***

Bolt

**\*\***

DAS  
28

DAS  
6  
9-89

DAS  
27  
9-89

Location

Loc Qty

Loc Code

|         |      |  |
|---------|------|--|
| FG      | 20   |  |
| 122814  | 20   |  |
| FP001   | 331  |  |
| M133440 | 7    |  |
| M134396 | 41   |  |
| M134509 | 6    |  |
| M134606 | 29   |  |
| M134676 | 44   |  |
| M134762 | 106  |  |
| M134861 | 76   |  |
| M135127 | 22   |  |
| OVER002 | 1525 |  |
| M135058 | 1200 |  |
| M135297 | 325  |  |
| ST350   | 106  |  |
| M131420 | 6    |  |
| M132317 | 3    |  |
| M134134 | 18   |  |
| M134396 | 79   |  |

D3256-1

Manufactured

No

110

Each

3.0000

1

**\*D3256-1\***

Panel

**\*\***

DAS  
28  
9-89

DAS  
27  
9-89

Use these

Location

Loc Qty

Loc Code

|        |   |  |
|--------|---|--|
| prelim | 2 |  |
| 146146 | 2 |  |
| ST484  | 1 |  |
| 142302 | 1 |  |

JUL 28 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                    |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  | MRB (QSI042) Approval                                                                                              |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                    |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                    |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |  |  |                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                    |  |



# Picklist Print

Page 3

Tuesday, July 26, 2016 10:21:15 AM

Work Order ID: 149646

**\*149646\***

Parent Item: D412-705-015

**\*D412-705-015\***

Parent Item Name: Drive Shaft Tunnel Modification

Start Date: 7/26/2016

Required Date: 8/2/2016

Start Qty: 1.00

Required Qty: 1.00

D3256-3

Manufactured No

110

Each

11.0000

1

**\*D3256-3\***

Gasket

DAS  
27  
9-89

Use these

Location

Loc Qty

Loc Code

prelim

2

146147

2

ST486

9

129868

1

137200

8

DAS  
6  
28  
9-89 9-89

MS20427M3-3

Purchased No

110

Each

1,796.000

44

**\*MS20427M3-3\***

Rivet

DAS  
27  
9-89

Location

Loc Qty

Loc Code

GA

1247

m133577

271

m134738

976

ST311

549

m134738

549

DAS  
6  
28  
9-89 9-89

MS21060-L3K

Purchased No

110

Each

253.0000

22

**\*MS21060-L3K\***

Nut Plate

DAS  
27  
9-89

Location

Loc Qty

Loc Code

GA

87

m132256

37

m135297

50

ST300

166

m134370

1

m134861

40

m135127

125

DAS  
6  
28  
9-89 9-89

JUL 28 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                     |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                     |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                                                     |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                     |  |  |

| Root Cause                           |                                 |                                   |                                        | FAULT CATEGORY                        |                                   |                                             |                                           |                              |                                     |                                           |                                        |                                             |                                   |                                       |                                   |                                   |                                          |                                           |                                  |                                              |                                              |                                                |                                   |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
|--------------------------------------|---------------------------------|-----------------------------------|----------------------------------------|---------------------------------------|-----------------------------------|---------------------------------------------|-------------------------------------------|------------------------------|-------------------------------------|-------------------------------------------|----------------------------------------|---------------------------------------------|-----------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|------------------------------------------|-------------------------------------------|----------------------------------|----------------------------------------------|----------------------------------------------|------------------------------------------------|-----------------------------------|------------------------------------------|----------------------------------|------------------------------------------------|---------------------------------|-------------------------------------------------|--------------------------------|-----------------------------------|-------------------------------------|---------------------------------------------|----------------------------------------|-------------------------------------------|---------------------------------|------------------------------------|-----------------------------------------------|------------------------------------------------------------|----------------------------------------|--------------------------------------|----------------------------------------|----------------------------------------------------------|--------------------------------------|-------------------------------------------|----------------------------------------|--------------------------------|-------------------------------|---------------------------------------------|------------------------------------------|----------------------------------|-------------------------------------|---------------------------------------|------------------------------------------------|-------------------------------------------|---------------------------------------------|-----------------------------------------------|-----------------------------------------|--------------------------------------------|-------------------------------------|----------------------------------|---------------------------------|----------------------------------|-------------------------------------------|
| <input type="checkbox"/> Environment | <input type="checkbox"/> Design | <input type="checkbox"/> Doc/Data | <input type="checkbox"/> Equip/Tooling | <input type="checkbox"/> Handling/Pre | <input type="checkbox"/> Material | <input type="checkbox"/> Internal Transport | <input type="checkbox"/> Tribal Knowledge | <input type="checkbox"/> LOA | <input type="checkbox"/> Substation | <input type="checkbox"/> Past Expiry Date | <input type="checkbox"/> Misidentified | <input type="checkbox"/> No Re-verification | <input type="checkbox"/> Operator | <input type="checkbox"/> Offset/Setup | <input type="checkbox"/> Supplier | <input type="checkbox"/> Training | <input type="checkbox"/> Use for Testing | <input type="checkbox"/> Poor Information | <input type="checkbox"/> Rushing | <input type="checkbox"/> Product Improvement | <input type="checkbox"/> Process Improvement | <input type="checkbox"/> Manufacturing Process | <input type="checkbox"/> Past Due | <input type="checkbox"/> Pressure/Forced | <input type="checkbox"/> Bending | <input type="checkbox"/> Centre Not Concentric | <input type="checkbox"/> Cracks | <input type="checkbox"/> Crimp/Kink/Ripple/Wave | <input type="checkbox"/> Cuffs | <input type="checkbox"/> Crushing | <input type="checkbox"/> Heat Treat | <input type="checkbox"/> Wave/Twist in Tube | <input type="checkbox"/> Marks/Chatter | <input type="checkbox"/> Temperature/Cure | <input type="checkbox"/> Set-up | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Broken/Damage/Defect | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Contamination | <input type="checkbox"/> Countersink | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Folio/Program | <input type="checkbox"/> Grain | <input type="checkbox"/> Weld | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Off-set | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Over/Under tolerance | <input type="checkbox"/> Part Incorrect | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Part Moved | <input type="checkbox"/> Drawing | <input type="checkbox"/> Finish | <input type="checkbox"/> Misread | <input type="checkbox"/> Turning Sequence |
|                                      |                                 |                                   |                                        |                                       |                                   |                                             |                                           |                              |                                     |                                           |                                        |                                             |                                   |                                       |                                   |                                   |                                          |                                           |                                  |                                              |                                              |                                                |                                   | OTHER : _____                            |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |

# Picklist Print

Page 4

Tuesday, July 26, 2016 10:21:15 AM

Work Order ID: 149646

**\*149646\***

Parent Item: D412-705-015

**\*D412-705-015\***

Parent Item Name: Drive Shaft Tunnel Modification

Start Date: 7/26/2016

Required Date: 8/2/2016

Start Qty: 1.00

Required Qty: 1.00

MS9321-09

Purchased

No

110

Each

262.0000

25

25 

**\*MS9321-09\***

Washer

**\*\***

DAS  
6 DAS  
28  
9-89 9-89

Location

Loc Qty

Loc Code

ST267

262

m134676

262

25

JUL 28 2016

DAS  
27  
9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                       |                                                                                                                    |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                       |                                                                                                                    |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | MRB (QSI042) Approval |                                                                                                                    |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                       |                                                                                                                    |  |

| Root Cause                                  |                                                |                                                 | FAULT CATEGORY                                             |                                                |                                               |  |  |  |
|---------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|--|--|--|
| Environment <input type="checkbox"/>        | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>        | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |  |  |  |
| Design <input type="checkbox"/>             | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |  |  |  |
| Doc/Data <input type="checkbox"/>           | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>  | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |  |  |  |
| Equip/Tooling <input type="checkbox"/>      | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                 | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |  |  |  |
| Handling/Pre <input type="checkbox"/>       | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |  |  |  |
| Material <input type="checkbox"/>           | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                  | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |  |  |  |
| Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>               | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |  |  |  |
| Tribal Knowledge <input type="checkbox"/>   | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>             | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |  |  |  |
| LOA <input type="checkbox"/>                | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>     | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |  |  |  |
| Substation <input type="checkbox"/>         | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>          | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |  |  |  |
| Past Expiry Date <input type="checkbox"/>   | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                   |                                                            |                                                |                                               |  |  |  |
| Misidentified <input type="checkbox"/>      | Past Due <input type="checkbox"/>              |                                                 |                                                            |                                                |                                               |  |  |  |

## Shirley Hay

---

**From:** Marc Bellavance  
**Sent:** May 06, 2016 1:13 PM  
**To:** Patrick Duval; Shirley Hay  
**Subject:** Bell Helicopter - Kits for Bell 412 EPI CCG

Hi Pat and Shirley,

As discussed, please see below list of parts to keep in quarantine:

**D412-698-023:**

- D3594-043 (deviation on approved part)
- D3594-044 (deviation on approved part)
- D3594-3 (deviation on approved part)
- D3594-4 (deviation on approved part)

**D412-704-015:**

- D3206-3 (new part, ship with CofC)

**D412-705-015:**

- D3256-1 (deviation on approved part)
- D3256-3 (deviation on approved part)

**D412-705-023:**

- MS21051-L3K (add 2)

**D412-761-045:**

- D3703-3 (deviation on approved part)

**D412-775-013:**

- D3608-1 (deviation on approved part)

Let me know if I have missed any.

Thanks,

**Marc Bellavance**

*Mechanical Designer / Technical Support*

**DART AEROSPACE**

T 1 613 632 5200 > 243

M 1 613 676 0992

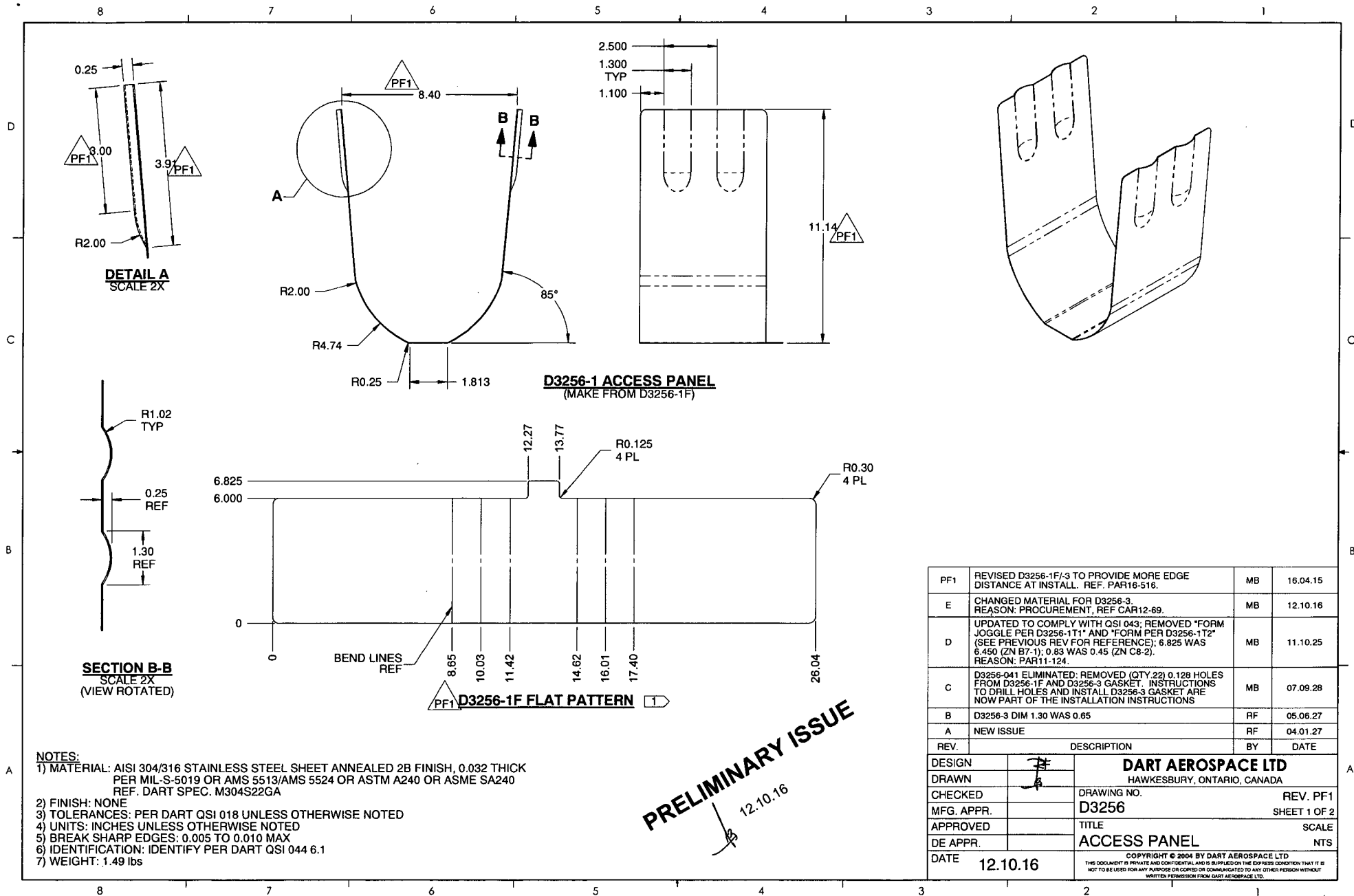
F 1 613 632 9311

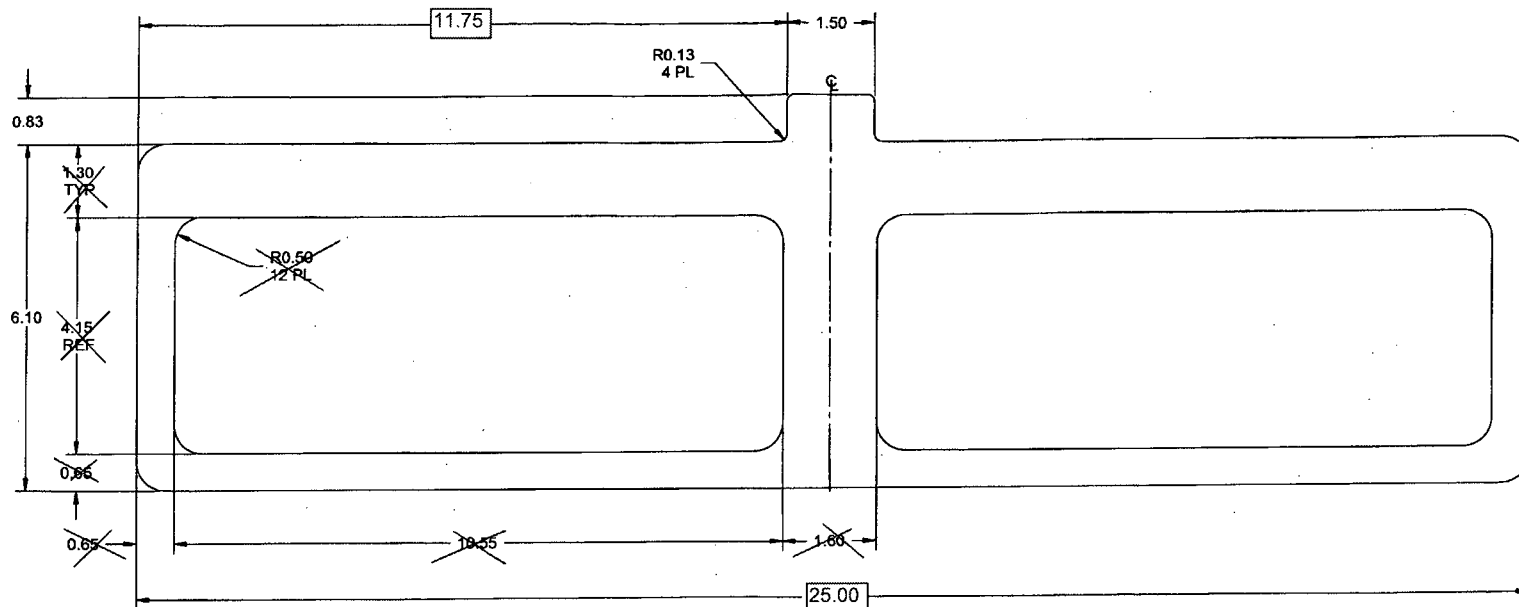
S marcbellavance

[www.dartaerospace.com](http://www.dartaerospace.com)



Technical Publications: Verify Revision Status/Download [HERE!](#)





**D3256-3 GASKET**

**RELEASED**  
2012-11-06

**NOTES:**

- 1) MATERIAL: THERMO-CHEM P/N G-89, 0.060 THICK  
POSSIBLE SUPPLIER: A.R. THOMSON GROUP 
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.12 lbs

|            |                                                                                       |                                                                                                                                                                                                                                                                                                            |        |
|------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| DESIGN     |  | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                                                  |        |
| DRAWN      |  | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                                                |        |
| CHECKED    |  | DRAWING NO. D3256                                                                                                                                                                                                                                                                                          | REV. E |
| MFG. APPR. |  | SHEET 2 OF 2                                                                                                                                                                                                                                                                                               |        |
| APPROVED   |  | TITLE                                                                                                                                                                                                                                                                                                      | SCALE  |
| DE APPR.   |  | ACCESS PANEL                                                                                                                                                                                                                                                                                               | NTS    |
| DATE       | 12.10.16                                                                              | <small>COPYRIGHT © 2004 BY DART AEROSPACE LTD<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS UNDERSTANDING THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR FOR THE DISSEMINATION OF INFORMATION TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small> |        |

# Work Order ID 149646

Tuesday, July 26, 2016 10:21:15 AM

U/R

\*149646\*

for sell only  
Aug 3rd.

Page 1

Item ID: D412-705-015

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID: URF 16-530

Item Name: Drive Shaft Tunnel Modification

Stop

\*NS2\*

Start Date: 7/26/2016 Start Qty: 1.00

\*\* 2 SW  
\*\* 2 SW

Cust Item ID:

Customer:

Required Date: 8/2/2016 Req'd Qty: 1.00

Reference:

Approvals:

Process Plan:

SW

Date: 7/26/16

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

Draw Nbr

Revision Nbr

DAS

JUL 27 2016

IIN-D412-750

E U/R

OK P. 16/7/27

6  
3-89

DAS  
21  
9-89

JUL 28 2016

100

Document Control

0.00

\*100\*

DC

DOCUMENT CONTROL

Memo

0.00

Doc.Control -USB or Paperwork

Photocopy bluefile & type labels per PPP D412-705-015 CHG 005

110

Pick Kit

0.00

\*110\*

Packaging

Memo

0.00

Packaging

2

120

QC4- 100% Inspect kits for completeness

0.00

\*120\*

QC

Memo

0.00

Quality Control



# REFERENCE ONLY

DART AEROSPACE LTD.

IIN-D412-705

Page 16 of 16

## 5.0 PARTS LIST

| Qty<br>-011 | Qty<br>-013 | Qty<br>-015 | Qty<br>-017 | Qty<br>-019 | Qty<br>-021 | Qty<br>-023 | Part Number  | Description                                  |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|----------------------------------------------|
| X           |             |             |             |             |             |             | D412-705-011 | TWIN PAK E-Z ACCESS KIT                      |
| 1           | X           |             |             |             |             |             | D412-705-013 | INTAKE PLENUM ACCESS PANEL KIT               |
| 1           |             | X           |             |             |             |             | D412-705-015 | DRIVESHAFT TUNNEL MODIFICATION KIT           |
| 1           |             |             | X           |             |             |             | D412-705-017 | N1 GEARBOX ACCESS PANEL KIT                  |
| 1           |             |             |             | X           |             |             | D412-705-019 | C-BOX OIL COOLER LINE SUPPORT ACCESS KIT     |
| 1           |             |             |             |             | X           |             | D412-705-021 | OIL PRESSURE TRANSMITTER ACCESS KIT          |
| 1           |             |             |             |             |             | X           | D412-705-023 | OIL COOLER SUPPORT REMOVABLE LOWER PANEL KIT |
|             | 1           |             |             |             |             |             | D3245-041    | ACCESS PANEL ASSEMBLY, LH                    |
|             | 1           |             |             |             |             |             | D3245-042    | ACCESS PANEL ASSEMBLY, RH                    |
|             | 2           |             |             |             |             |             | D3245-043    | DOOR ASSEMBLY                                |
|             | 2           |             |             |             |             |             | D3245-9      | GASKET                                       |
|             | 2           |             |             |             |             |             | D3245-11     | GASKET                                       |
|             | 2           |             |             |             |             |             | D3245-13     | GASKET                                       |
|             |             |             | 1           |             |             |             | D3255-041    | ACCESS PANEL ASSEMBLY, LH                    |
|             |             |             | 1           |             |             |             | D3255-042    | ACCESS PANEL ASSEMBLY, RH                    |
|             |             | 1           |             |             |             |             | D3256-1      | ACCESS PANEL                                 |
|             |             | 1           |             |             |             |             | D3256-3      | GASKET                                       |
|             |             |             |             | 1           |             |             | D3259-041    | ACCESS PANEL ASSEMBLY, LH                    |
|             |             |             |             | 1           |             |             | D3259-042    | ACCESS PANEL ASSEMBLY, RH                    |
|             |             |             |             |             | 1           |             | D3307-041    | ACCESS PANEL ASSEMBLY                        |
|             |             |             |             |             |             | 30          | AN3-3A       | BOLT                                         |
|             |             | 22          | 30          |             | 6           |             | AN3C-3A      | BOLT                                         |
|             |             | 3           |             |             |             |             | AN3C-4A      | BOLT                                         |
|             |             |             |             |             |             | 30          | AN960JD10    | WASHER                                       |
|             | 16          | 44          | 36          |             | 12          |             | MS20427M3-3  | RIVET                                        |
|             |             |             |             |             |             | 2           | MS21051-L3K  | NUT PLATE                                    |
|             | 8           | 22          | 18          |             | 6           |             | MS21060-L3K  | NUT PLATE                                    |
|             |             |             |             |             |             | 18          | MS21069-L3K  | NUT PLATE                                    |
|             |             | 25          | 30          |             | 6           |             | MS9321-09    | WASHER                                       |

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Revision: E

Date: 13.10.07